



Volunteer Park Ranger Application

Date: _____

Please Print or Type

Name: _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Home Phone: _____

Work Phone: _____ Emergency Contact: _____ Phone: _____

Where did you learn about our volunteer opportunities? _____

Are you seeking to volunteer in order to satisfy court-ordered community service? _____

Are you volunteering for high school or higher learning credit? Yes _____ No _____

If yes, please list what school and the name and phone number of your instructor. _____

Do you have any past or present volunteer experience? _____

Are there any access concerns or limitations that might limit your ability to perform certain types of work? _____

Which park or area of Little Rock do you prefer to volunteer in?

Time Commitment

☐ 1 – 3 Months
☐ 4 – 6 Months
☐ 7 – 9 Months
☐ 10 – 12 Months
☐ Year or longer

Time Available

Weekdays ☐ Mornings
☐ Afternoons
☐ Evenings
Weekends ☐ Mornings
☐ Afternoons
☐ Evenings

Starting Date: _____ Ending Date (if known) _____

Food Allergies _____

Uniform Size

Hat _____
Shirt _____
Shorts _____
Pants _____
Belt _____

Understanding and Authorization

I certify that all the answers on the application and any attachment are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I agree that in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to investigate all statements on this application or any attachment. I authorized educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work within the community. I further agree to release and hold harmless the City of Little Rock, Little Rock Parks and Recreation, institutions, and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Please send original form to: Karen Sykes, 500 West Markham, Room 108, Little Rock, AR 72201

WAIVER OF LIABILITY

I hereby, for myself, my heirs, waive and release the City of Little Rock and the City of Little Rock Parks and Recreation Department, for any and all injuries suffered by myself associated with the Volunteer Park Ranger Program. The participant recognizes that Arkansas law has granted cities immunity from liability for injury or damage caused by the negligent acts of its employees or agents and understand that the city intends to claim such immunity if liability claims are raised against it in connection with the Volunteer Park Ranger Program.

Signature _____

Date_____

Thank you for your cooperation.